



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.
Regional Administrator**

1301 Young Street, Room 714
Dallas, Texas 75202
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November 19, 2001

Our Reference: WA-NM0173.90.R2

Mr. Robert T. Maruca, Director
Medical Assistance Division
State of New Mexico
Human Services Department
Post Office Box 2348
Santa Fe, New Mexico 87504-2348

Dear Mr. Maruca:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) No. 0173.90.R2 has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as an alternative to institutionalization in an intermediate care facility for the mentally retarded (ICF/MR). This renewal has been assigned control number 0173.90.R2 which should be used in all future correspondence.

Specifically, you submitted a request to provide case management, personal care services, respite care, habilitation, environmental accessibility adaptations, transportation, private duty nursing, adult residential care, extended State plan services (physical therapy services, occupational therapy services, speech, hearing and language services), and other waiver services (nutritional counseling, behavior therapy, adaptation consultant, and children's support services).

Based on the assurances and information that you provided, I approve the renewal request cited for a five-year period effective July 1, 2001.

The approval is subject to your agreement to serve no more individuals indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	3100	\$64,000
2	3400	\$65,920
3	3800	\$67,898
4	4300	\$69,935
5	4600	\$72,033

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley of my staff at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations